

ADULT INTENSIVE OUTPATIENT THERAPY SERVICES CLINICAL MANAGEMENT GUIDELINES

First Health Services of Montana will employ the use of the Montana Medicaid Clinical Management Guidelines strictly as guidelines. This practical application, coupled with professional judgement based on clinical expertise and national best practices, will enhance the authorization decisions.

Intensive Outpatient Therapy Services represent community-based treatment, HIPAA code H0046, modifier HB. Intensive Outpatient Therapy Services must be provided by individuals or agencies licensed by the State of Montana.

This level of treatment intervention includes a consideration of the person's safety and security needs, including the ability and likelihood of the person to benefit from intensive outpatient treatment.

Admission Criteria

Must meet **each** of the following:

1. The person meets the requirements of (a) or (b). The person must also meet the requirements of (c):
 - (a) has a DSM-IV diagnosis with a severity specifier of moderate or severe of mood disorder (296.2x, 296.3x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90, 293.83, 295.70); **or**
 - (b) has a DSM-IV diagnosis of 301.83 Borderline Personality Disorder, or 301.9 Personality Disorder NOS, with prominent features of 301.83; **and**
 - (c) has ongoing difficulties in functioning because of the mental illness for a period of at least 6 months (or for an obviously predictable period over 6 months), as indicated by:
 - i. dysregulation of emotion, cognition, behavior and interpersonal relationships;
 - ii. resulting in recurrent suicidal, parasuicidal, other potentially self-damaging impulsive behaviors, or serious danger to others;
 - iii. a history of treatment at a higher level of care (crisis services, hospitalization), **and**
 - iv. evidence that lower levels of care are inadequate to meet the needs of the client.
2. The covered DSM-IV TR diagnosis has been determined through a comprehensive mental health assessment that includes a multi-axial diagnosis on Axes I-V and identifies:
 - a. recipient, family, and community strengths/resources
 - b. family dynamics
 - c. past and current substance abuse

- d. summary of all prior psychiatric hospitalizations and intensive ambulatory mental health services
 - e. medication trials
 - f. other mental health/psychosocial interventions including an assessment of their degree of success/failure.
3. The recipient has demonstrated intent to form a treatment alliance and comply with mutually agreed upon treatment recommendations.
4. **An Individualized Treatment Plan (ITP) has been formulated on admission that identifies specific, realistically achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the admission. The recipient's response to treatment has been regularly documented and revisions in the ITP are consistent with the recipient's clinical status.**

The treatment plan must include goals and objectives that address the symptoms in criterion 1 (c) above, and identify the intervention that will be used. The client's crisis plan must be described.

5. Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
6. A discharge plan has been formulated and regularly reviewed and revised. It identifies specific target dates for achieving specific goals, and defines criteria for step-down to a less intensive level of treatment.

Discharge Criteria

- 1. The Individual Treatment Plan goals have been sufficiently met such that the recipient no longer requires this level of care (or)
- 2. The recipient voluntarily leaves treatment or the beneficiary's parent or legal guardian removes them from the program (or)
- 3. Recipient no longer meets Medicaid eligibility.